

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
10/650,160

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
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Total Indep	2		4			
Total Depend	15	33				
Total Claims	17	37				

Indep	Depend	Indep	Depend	Indep	Depend
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100					
Total Indep					
Total Depend					
Total Claims					

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